

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: GA**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: GA**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 16,465,518

A.Preventive and primary care for children:

\$ 7,493,444 ( 45.51 %)

B.Children with special health care needs:

\$ 7,347,088 ( 44.62 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,241,731 ( 7.54 %)

(The above figure cannot be more than 10% ) [Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 134,371,463

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 187,239,849

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 18,316,838

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 36,079,622

\$ 339,928,150

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 356,393,668

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 140,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 3,000,000

f. EMSC: \$ 150,000

g. WIC: \$ 259,751,438

h. AIDS: \$ 0

i. CDC: \$ 1,165,607

j. Education: \$ 14,735,296

k. Other: \$                     

\$                     

\$                     

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 279,042,341

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 635,436,009

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1.

Section Number:

Form2\_Main

Field Name:

CDC

Row Name:

Other Federal Funds - CDC

Column Name:

Year:

2010

Field Note:

GA Hemoglobinopathy Surveillance Program Grant \$750,000

UNHS Grant \$145,607

Oral Health Grant \$270,000

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: GA**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 16,845,888	\$ 17,245,237	\$ 17,348,033	\$ 16,515,393	\$ 17,348,033	\$ 16,518,390
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 126,546,354	\$ 123,375,581	\$ 125,220,527	\$ 120,284,362	\$ 127,051,811	\$ 125,240,059
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 132,947,952	\$ 139,696,932	\$ 142,689,139	\$ 142,583,540	\$ 214,097,871	\$ 205,924,790
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 13,171,714	\$ 12,811,257	\$ 11,899,970	\$ 10,514,193	\$ 13,415,875	\$ 18,316,838
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 289,511,908	\$ 293,129,007	\$ 297,157,669	\$ 289,897,488	\$ 371,913,590	\$ 366,000,077
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 183,288,217	\$ 182,715,919	\$ 182,953,848	\$ 180,952,451	\$ 182,715,919	\$ 177,234,441
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 472,800,125	\$ 475,844,926	\$ 480,111,517	\$ 470,849,939	\$ 554,629,509	\$ 543,234,518
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: GA**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 17,861,208	\$ 16,204,378	\$ 17,163,380	\$	\$ 16,465,518	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 141,418,843	\$ 129,665,323	\$ 142,538,442	\$	\$ 134,371,463	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 194,822,178	\$ 193,237,465	\$ 192,238,071	\$	\$ 187,239,849	\$
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 15,547,148	\$ 13,278,667	\$ 18,316,838	\$	\$ 18,316,838	\$
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 369,649,377	\$ 352,385,833	\$ 370,256,731	\$ 0	\$ 356,393,668	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 224,779,301	\$ 219,285,024	\$ 271,996,222	\$	\$ 279,042,341	\$
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 594,428,678	\$ 571,670,857	\$ 642,252,953	\$ 0	\$ 635,436,009	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
The budgeted amount was an estimate for 2008
2. **Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
There was an increase in Health Check Earnings

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: GA**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 24,583,965	\$ 22,801,324	\$ 21,548,433	\$ 20,157,643	\$ 22,053,352	\$ 18,161,637
b. Infants < 1 year old	\$ 62,940,521	\$ 62,047,365	\$ 62,708,246	\$ 62,328,434	\$ 94,651,287	\$ 93,351,178
c. Children 1 to 22 years old	\$ 151,436,948	\$ 154,712,422	\$ 161,790,296	\$ 157,876,877	\$ 200,364,549	\$ 202,959,377
d. Children with Special Healthcare Needs	\$ 33,178,710	\$ 34,824,119	\$ 33,650,423	\$ 31,449,642	\$ 34,160,073	\$ 33,270,660
e. Others	\$ 15,173,635	\$ 16,842,452	\$ 15,262,142	\$ 16,067,908	\$ 18,371,919	\$ 15,946,031
f. Administration	\$ 2,198,129	\$ 1,901,325	\$ 2,198,129	\$ 2,016,984	\$ 2,312,410	\$ 2,311,194
g. SUBTOTAL	\$ 289,511,908	\$ 293,129,007	\$ 297,157,669	\$ 289,897,488	\$ 371,913,590	\$ 366,000,077
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 1,327,301		\$ 0		\$ 0	
e. Healthy Start	\$ 3,000,000		\$ 3,000,000		\$ 3,000,000	
f. EMSC	\$ 150,000		\$ 150,000		\$ 150,000	
g. WIC	\$ 163,609,660		\$ 163,609,660		\$ 163,609,660	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 1,800,417		\$ 1,182,093		\$ 1,168,172	
j. Education	\$ 13,150,839		\$ 13,973,505		\$ 13,888,437	
k. Other						
GA Plan for Early Ch	\$ 100,000		\$ 100,000		\$ 140,000	
GADSI	\$ 0		\$ 0		\$ 65,000	
Obesity	\$ 0		\$ 788,590		\$ 444,650	
UNHS	\$ 0		\$ 0		\$ 150,000	
GADS	\$ 50,000		\$ 50,000		\$ 0	
<b>III. SUBTOTAL</b>	\$ 183,288,217		\$ 182,953,848		\$ 182,715,919	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: GA**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 23,690,646	\$ 17,255,673	\$ 20,654,708		\$ 19,695,259	
b. Infants < 1 year old	\$ 94,229,450	\$ 86,846,282	\$ 88,200,480		\$ 87,569,920	
c. Children 1 to 22 years old	\$ 195,784,975	\$ 198,538,490	\$ 206,889,815		\$ 199,505,526	
d. Children with Special Healthcare Needs	\$ 35,731,429	\$ 34,429,519	\$ 35,210,145		\$ 26,442,677	
e. Others	\$ 18,806,898	\$ 13,865,293	\$ 17,895,604		\$ 21,383,482	
f. Administration	\$ 1,405,979	\$ 1,450,576	\$ 1,405,979		\$ 1,796,804	
g. SUBTOTAL	\$ 369,649,377	\$ 352,385,833	\$ 370,256,731	\$ 0	\$ 356,393,668	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 140,000		\$ 140,000		\$ 140,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 3,000,000		\$ 3,000,000		\$ 3,000,000	
f. EMSC	\$ 150,000		\$ 150,000		\$ 150,000	
g. WIC	\$ 205,536,402		\$ 252,567,436		\$ 259,751,438	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 1,578,737		\$ 1,807,829		\$ 1,165,607	
j. Education	\$ 14,086,662		\$ 14,087,196		\$ 14,735,296	
k. Other						
UNHS	\$ 187,500		\$ 143,761		\$ 0	
<b>III. SUBTOTAL</b>	\$ 224,779,301		\$ 271,996,222		\$ 279,042,341	

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Perinatal Case Management Program Income was less than projected.
2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
PCM Earnings was less than projected due to CMOs.
3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Family Planning Earnings was less than projected.
4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Family Planning Earnings was less than projected due to CMOs.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: GA**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 125,649,521	\$ 131,357,433	\$ 133,495,136	\$ 130,469,488	\$ 136,593,514	\$ 128,183,862
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 36,882,770	\$ 34,351,217	\$ 29,193,101	\$ 26,526,870	\$ 29,419,054	\$ 27,945,055
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 102,512,312	\$ 103,172,295	\$ 108,299,597	\$ 107,327,372	\$ 178,086,649	\$ 184,781,489
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 24,467,305	\$ 24,248,062	\$ 26,169,835	\$ 25,573,758	\$ 27,814,373	\$ 25,089,671
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 289,511,908	\$ 293,129,007	\$ 297,157,669	\$ 289,897,488	\$ 371,913,590	\$ 366,000,077

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: GA**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 141,541,975	\$ 132,473,074	\$ 139,330,661	\$	\$ 137,697,259	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 36,925,623	\$ 30,106,272	\$ 29,843,278	\$	\$ 26,492,146	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 163,174,638	\$ 167,966,296	\$ 174,937,215	\$	\$ 165,887,769	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 28,007,141	\$ 21,840,191	\$ 26,145,577	\$	\$ 26,316,494	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 369,649,377	\$ 352,385,833	\$ 370,256,731	\$ 0	\$ 356,393,668	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Program Income was less than projected.
2. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Family Planning Earnings was less than projected.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: GA**

**Total Births by Occurrence:** 150,804

**Reporting Year: 2007**

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	141,683	94	94	6	6	100
Congenital Hypothyroidism	141,683	94	5,202	81	81	100
Galactosemia	141,683	94	1,388	3	3	100
Sickle Cell Disease	141,683	94	274	173	159	91.9
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	141,683	94	69	0	0	
CAH	141,683	94	1,244	11	11	100
Cystic Fibrosis	141,683	94	3,653	24	24	100
Homocystinuria	141,683	94	227	0	0	
Maple Syrup Urine Disease	141,683	94	19	1	1	100
beta-ketothiolase deficiency	141,683	94	26	0	0	
Tyrosinemia Type I	141,683	94	110	0	0	
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	141,683	94	64	1	1	100
Argininosuccinic Acidemia	141,683	94	58	0	0	
Citrullinemia	141,683	94	58	0	0	
Isovaleric Acidemia	141,683	94	29	0	0	
Propionic Acidemia	141,683	94	28	0	0	
Carnitine Uptake Defect	141,683	94	317	0	0	
3-Methylcrotonyl-CoA Carboxylase Deficiency	141,683	94	26	0	0	
Trifunctional Protein Deficiency	141,683	94	7	0	0	
Glutaric Acidemia Type I	141,683	94	71	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	141,683	94	26	4	4	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	141,683	94	7	0	0	
Methylmalonic Acidemia (Mutase Deficiency)	141,683	94	28	0	0	

**Screening Programs for Older Children & Women (Specify Tests by name)**

- (1) Use occurrent births as denominator.  
 (2) Report only those from resident births.  
 (3) Use number of confirmed cases as denominator.

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## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

- Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
This is the number of records we were able to match to birth records with confidence. This project helped us develop a 2 stage matching process that routinely gives us a 92% automatch between birth records and at least 1 genetic screen.
- Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2010  
**Field Note:**  
Georgia also screens for MCADD and 3 OH 3-CH3 Glutaric Acidemia (HMG)

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDULICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: GA**

**Reporting Year: 2007**

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	150,804	54.6		43.4	2.0	
Infants < 1 year old	152,919	53.6				46.4
Children 1 to 22 years old	378,734	63.0		21.7	15.3	
Children with Special Healthcare Needs	9,927	64.0		16.0	11.3	8.7
Others						
<b>TOTAL</b>	<b>692,384</b>					

## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

1. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
Data is unavailable
2. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Unknown  
**Row Name:** Pregnant Women  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
Percent unavailable
3. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
Percent is unavailable
4. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Private  
**Row Name:** Infants <1 year of age  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
Percent is unavailable
5. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_None  
**Row Name:** Infants <1 year of age  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
Percent is unavailable
6. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XXI  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
Percent is unavailable
7. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Unknown  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
Percent is unavailable
8. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_XXI  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
Percent is unavailable
9. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_Unknown  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
Percent is unavailable
10. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Data unavailable
11. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_XIX  
**Row Name:** Others  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
Data unavailable
12. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_XXI  
**Row Name:** Others

**Column Name:** Title XXI %  
**Year:** 2010  
**Field Note:**  
Data unavailable

13. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_Private  
**Row Name:** Others  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
Data unavailable

14. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_None  
**Row Name:** Others  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
Data unavailable

15. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_Unknown  
**Row Name:** Others  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
Data unavailable

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: GA**

Reporting Year: 2007

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	148,747	88,568	50,351	374	5,447	170	3,837	0
Title V Served	148,747	88,568	50,351	374	5,447	170	3,837	0
Eligible for Title XIX	65,256	32,644	30,955	104	801	29	723	0
<b>INFANTS</b>								
Total Infants in State	152,919	95,057	48,401	585	4,279	227	4,370	0
Title V Served	152,919	95,057	48,401	585	4,279	227	4,370	0
Eligible for Title XIX	67,807	35,036	29,756	163	629	39	2,184	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	121,956	24,354	2,427	0	0	0	0	24,354
Title V Served	121,956	24,354	2,427	0	0	0	0	24,354
Eligible for Title XIX	0	11,765	53,491	0	0	0	0	11,765
<b>INFANTS</b>								
Total Infants in State	127,052	25,867	3,283	0	0	0	0	25,867
Title V Served	127,052	25,867	3,283	0	0	0	0	25,867
Eligible for Title XIX	55,311	12,496	0	0	0	0	0	12,496

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

1. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_Mexican  
**Row Name:** Total Deliveries in State  
**Column Name:** Mexican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
2. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_Cuban  
**Row Name:** Total Deliveries in State  
**Column Name:** Cuban  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
3. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_PuertoRican  
**Row Name:** Total Deliveries in State  
**Column Name:** Puerto Rican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
4. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_CentralAmerican  
**Row Name:** Total Deliveries in State  
**Column Name:** Central and South American  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
5. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_EthnicityOther  
**Row Name:** Total Deliveries in State  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
6. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_Mexican  
**Row Name:** Title V Served  
**Column Name:** Mexican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
7. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_Cuban  
**Row Name:** Title V Served  
**Column Name:** Cuban  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
8. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_PuertoRican  
**Row Name:** Title V Served  
**Column Name:** Puerto Rican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
9. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_CentralAmerican  
**Row Name:** Title V Served  
**Column Name:** Central and South American  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
10. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_EthnicityOther  
**Row Name:** Title V Served  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
11. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_Mexican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Mexican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
12. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_Cuban  
**Row Name:** Eligible for Title XIX

- Column Name:** Cuban  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
13. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_PuertoRican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Puerto Rican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
14. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_CentralAmerican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Central and South American  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
15. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_EthnicityOther  
**Row Name:** Eligible for Title XIX  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
16. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Mexican  
**Row Name:** Total Infants in State  
**Column Name:** Mexican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
17. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Cuban  
**Row Name:** Total Infants in State  
**Column Name:** Cuban  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
18. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_PuertoRican  
**Row Name:** Total Infants in State  
**Column Name:** Puerto Rican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
19. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_CentralAmerican  
**Row Name:** Total Infants in State  
**Column Name:** Central and South American  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
20. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_EthnicityOther  
**Row Name:** Total Infants in State  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
21. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_Mexican  
**Row Name:** Title V Served  
**Column Name:** Mexican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
22. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_Cuban  
**Row Name:** Title V Served  
**Column Name:** Cuban  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
23. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_PuertoRican  
**Row Name:** Title V Served  
**Column Name:** Puerto Rican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
24. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_CentralAmerican  
**Row Name:** Title V Served

**Column Name:** Central and South American  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown

25. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_EthnicityOther  
**Row Name:** Title V Served  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
26. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_Mexican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Mexican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
27. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_Cuban  
**Row Name:** Eligible for Title XIX  
**Column Name:** Cuban  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
28. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_PuertoRican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Puerto Rican  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
29. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_CentralAmerican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Central and South American  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown
30. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_EthnicityOther  
**Row Name:** Eligible for Title XIX  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
Data is not available for this ethnic breakdown

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: GA**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(800)822-2539	(800)822-2539	(800)822-2539	(800)822-2539	(800)822-2539
2. State MCH Toll-Free "Hotline" Name	Powerline	Powerline	Powerline	Powerline	Powerline
3. Name of Contact Person for State MCH "Hotline"	Tonya Greene	Anita Rena Hall	Anita Rena Hall	Arnita Rena Hall	Anne Bramlette
4. Contact Person's Telephone Number	(770)451-0020	(770)451-0020	(770)451-0020	(770)451-0020	(779)451-0020
5. Contact Person's Email	tonya.greene@hmbga.c				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	18,194	15,861	23,350

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: GA**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

<b>FORM NOTES FOR FORM 9</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
*[SEC. 506(A)(1)]*  
**STATE: GA**

**1. State MCH Administration:**  
*(max 2500 characters)*

The Family Health Branch (FHB), part of the Division of Public Health, Department of Community Health is Georgia's Title V agency. The charge of FHB is promoting the health of the State's mothers and infants, women of childbearing age, children, adolescents, and children with special health care needs. FHB works toward: 1) early and comprehensive health services to women of childbearing age and their infants in an environment that fosters personal dignity; 2) timely and comprehensive health services to children which promote optimal attainment of their individual abilities; and 3) comprehensive health services to adolescents in an environment that fosters personal responsibility, encourages independence, and promotes positive behaviors. To carry out these responsibilities, FHB is involved in policy and planning activities, oversees the operations of various MCH programs in local health departments and other organizations, and provides technical assistance and training.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 16,465,518
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 134,371,463
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 187,239,849
7. Program Income (Line 6, Form 2)	\$ 18,316,838
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 356,393,668</b>

**9. Most significant providers receiving MCH funds:**

Vaccines for MDs and other health care providers
Local health depts. covering 18 Health Districts

**10. Individuals served by the Title V Program (Col. A, Form 7)**

a. Pregnant Women	150,804
b. Infants < 1 year old	152,919
c. Children 1 to 22 years old	378,734
d. CSHCN	9,927
e. Others	

**11. Statewide Initiatives and Partnerships:**

**a. Direct Medical Care and Enabling Services:**  
*(max 2500 characters)*

Universal screening and assessment: FHB continues to coordinate the Children 1st system and has developed integrated intake and assessment tools for all FHB programs. Care Coordination: All children enrolled in Title V CSHCN program, Children's Medical Service (CMS) receive comprehensive care coordination using the CaCoon Model, which includes the Transition to Adulthood Plan for youth. Children 0-3, at risk for developmental delay, receive service coordination, evaluation and assessment and early intervention services.

**b. Population-Based Services:**  
*(max 2500 characters)*

Nutrition health education: FHB continues to implement population-based nutrition services through coordination with all of FHB population teams. Partnerships have been developed to address emerging health issues such as obesity, breastfeeding, and physical inactivity. Oral Health: FHB provides school-linked dental prevention programs targeting high-risk elementary school children. Services include fluoride rinse, dental sealants, prevention education and treatment services and provision of water fluoridation and monitoring for community water systems. Newborn Hearing Screening: Maintains and supports a comprehensive, coordinated, statewide system to ensure that all newborns are screened for hearing loss prior to hospital discharge. Newborn Metabolic Screening: screens for 29 disorders (including cystic fibrosis). Screening, follow-up, diagnosis, management and evaluation for 29 disorders (including newborn hearing screenings) will identify an estimated 136 newborns yearly. Woman's Health: implementing preconception care training for public providers and targeting hospitals to increase the number of hospitals with breastfeeding friendly policies.

**c. Infrastructure Building Services:**  
*(max 2500 characters)*

Organizational development: FHB is conducting program performance reviews (G-Force) and other program management strategies to increase effectiveness and improve coordination of services. FHB is also increasing program audit capacity, accountability and transparency. SendSS (State Electronic Notifiable Disease Surveillance System): Georgia's state-of-the-art web-based reporting system, SendSS, will support Children 1st, UNHSI, Lead Poisoning and Prevention Program, Birth Defects Reporting and Information System, and the Genetics Program. SendSS will serve as the information backbone for Children 1st, providing a data repository for ensuring all children and families receive appropriate screenings, referral, and follow up services to which they are entitled. In February 2007, DPH began developing the system using an in-house team of JAVA/Oracle developers. The first phase includes a metabolic/genetic module, newborn hearing screening and follow up, and the Children 1st module. It interfaces with the Vital Events Information System Electronic Birth Registry (EBRS). Rollout to hospitals, audiologists, and pediatricians will be implemented through a joint effort with district public health liaisons and Children 1st coordinators. Phase 2 development includes the birth defects module and lead surveillance and follow up. Future plans to expand the system to include other child health modules are underway. Maternal Mortality Review (MMR): MCH Epi and FHB staff serve on a quarterly statewide maternal mortality multi-disciplinary review committee. FHB staff review medical records and write a case summary for each case. Summaries are presented to the MMR committee, cases are discussed, and a decision is reached as to if the death was potentially preventable or not. Recommendations are made to improve the surveillance system and what can be done to prevent future deaths. Approximately 25 maternal deaths are reviewed annually. Fetal and Infant Mortality Reviews (FIMR): The state has initiated support for a FIMR Richmond County, based on fetal-infant mortality rate and number of infant deaths. Current and planned activities include participation in the national FIMR conference, purchase and adaptation of FIMR software, and development of evaluation plans.

12. The primary Title V Program contact person:

Name Roz Bacon, MPH  
 Title Senior Director  
 Address 2 Peachtree Street  
 City Atlanta  
 State GA  
 Zip 30303  
 Phone 404-657-2850  
 Fax 404-657-7307  
 Email rkbacon@dhr.state.ga.us  
 Web \_\_\_\_\_

13. The children with special health care needs (CSHCN) contact person:

Name Debbi Cheatham  
 Title Director  
 Address 2 Peachtree Street  
 City Atlanta  
 State GA  
 Zip 30303  
 Phone 404-657-2872  
 Fax 404-657-7307  
 Email dcheatham@dhr.state.ga.us  
 Web \_\_\_\_\_

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: GA**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	100.0
<b>Numerator</b>	214	216	256	210	210
<b>Denominator</b>	214	216	256	210	210

**Data Source**

Georgia NBS Program

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data for 2008 currently unavailable and will be provided in 2011.

2. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Numbers for 2003 were incorrect and have been updated. The data used is SLAITS data as this is the only population-based source data available in Georgia.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	60.8	60.8	60.8	55
Annual Indicator	60.8	60.8	60.8	54	54
Numerator					
Denominator					
Data Source					SLAITS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	56	57	58	59	59
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data is from the 2005-2006 SLAITS survey. Data for CY 2008 will not be available until the 2007-2008 survey is conducted and results are posted.

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The SLAITS survey was conducted from April 2006 to December 2006. The results have not yet been published.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	0	50	50	51	51
Annual Indicator	49.4	49.4	49.4	47.3	47.3
Numerator					
Denominator					
Data Source					SLAITS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	51	51	51	51	51
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data is from the 2005-2006 SLAITS survey. Data for CY 2008 will not be available until the 2007-2008 survey is conducted and results are posted.

2. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The SLAITS survey was conducted from April 2006 to December 2006. The results have not yet been published.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>0</u>	<u>57</u>	<u>57</u>	<u>58</u>	<u>62</u>
<b>Annual Indicator</b>	<u>56.4</u>	<u>56.4</u>	<u>56.4</u>	<u>61.2</u>	<u>61.2</u>
<b>Numerator</b>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<b>Denominator</b>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<b>Data Source</b>					SLAITS
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	<u>62</u>	<u>62</u>	<u>62</u>	<u>62</u>	<u>62</u>
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data is from the 2005-2006 SLAITS survey. Data for CY 2008 will not be available until the 2007-2008 survey is conducted and results are posted.

2. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The SLAITS survey was conducted from April 2006 to December 2006. The results have not yet been published.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	75	75	76	92
Annual Indicator	74.9	74.9	74.9	91	91
Numerator					
Denominator					
Data Source					SLAITS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	92	92	92	92	92
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is from the 2005-2006 SLAITS survey. Data for CY 2008 will not be available until the 2007-2008 survey is conducted and results are posted.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The SLAITS survey was conducted from April 2006 to December 2006. The results have not yet been published.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	0	6	6	6	38
Annual Indicator	5.8	5.8	5.8	37	37
Numerator					
Denominator					
Data Source					SLAITS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	38	38	38	38	38
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is from the 2005-2006 SLAITS survey. Data for CY 2008 will not be available until the 2007-2008 survey is conducted and results are posted.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The SLAITS survey was conducted from April 2006 to December 2006. The results have not yet been published.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	85	85	85	85	85
Annual Indicator	82	82.4	82.4	81.3	79.6
Numerator					
Denominator					
Data Source					NIS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

The Data comes from the National Immunizations Survey (NIS); numerator and denominator would not be meaningful since this is survey data. Data from previous years has been updated to reflect calendar year. For 2000-2002, the data reflects 4:3:1:3:3 series. For 2003-2004 the data reflects 4:3:1:3:3:1 series. For 2007-2008 data reflects 4:3:1:3:3:1 series.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

The Data comes from the National Immunizations Survey (NIS); numerator and denominator would not be meaningful since this is survey data

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

The Data comes from the National Immunizations Survey (NIS); numerator and denominator would not be meaningful since this is survey data. Data from previous years has been updated to reflect calendar year. For 2000-2002, the data reflects 4:3:1:3:3 series. For 2003-2004 the data reflects 4:3:1:3:3:1 series. 2006 NIS survey is not yet available.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	33	29	29	28	28
Annual Indicator	29.7	28.0	28.0	29.9	29.4
Numerator	5,404	5,260	5,260	5,785	5,756
Denominator	182,217	187,616	187,616	193,272	195,685

Data Source

Vital Records

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	27	27	26	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Data for FY 2006 is not yet available and will be provided in the FY 2009 MCHBG.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	13.5	39	40	15	17.2
<b>Annual Indicator</b>	19.6	19.4	19.8	17.1	23.4
<b>Numerator</b>	10,636	9,630	9,188	8,103	6,929
<b>Denominator</b>	54,186	49,562	46,506	47,255	29,553
<b>Data Source</b>					Georgia Oral Health Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	24	24	24	24	24
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**1. **Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

The 2005 original data report showed 19,353 sealant participants. Upon development of a new database with clean data, the totals for the years 2001-2005 dropped significantly. There were many double entries for data in the clinical and prevention records in the old database.

The new design eliminates the opportunities for errors.

The districts that were entering data incorrectly have received additional training on how to use the old db, until the new one can be implemented statewide.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5.4	4.2	4.2	3.4	4
Annual Indicator	4.6	3.5	3.5	4.2	3.6
Numerator	89	68	68	85	75
Denominator	1,954,254	1,969,278	1,969,278	2,035,969	2,109,362

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	3.5	3.4	3.2	3.1	3

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 is not yet available and will be provided in the FY 2009 MCHBG.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			31	32	33
Annual Indicator		30.4	29.2	30	29.5
Numerator					
Denominator					
Data Source					NIS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	35	35	35	35	35
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data decrease may show a trend of increasing numbers of young mothers returning to the workforce earlier than in past years, for economic reasons . Also, lack of evidence-based maternity care practices and huge increases in the percentage of cesarean deliveries both tend to decrease breastfeeding initiation and especially duration rates.

2. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This is survey data, a demoninator and numerator would not be feasible.

3. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The latest data available is from the 2005 National Immunization Survey.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	95	95	97	98.6	98.7
<b>Annual Indicator</b>	97.5	95.6	98.5	94.5	99.0
<b>Numerator</b>	132,694	136,479	140,201	140,201	127,191
<b>Denominator</b>	136,123	142,750	142,322	148,403	128,532
<b>Data Source</b>					Newborn Hearing Program Data
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	99.1	99.2	99.3	99.4	99.5
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The denominator for 2006 has been updated based on finalized vital statistics for the number of births occurring in Georgia hospitals. The denominator for 2007 is based on hospital reporting and will be updated in MCHBG FY2009 with vital statistics.

2. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The denominator for 2005 has been updated based on finalized vital statistics for the number of births occurring in Georgia hospitals. The denominator for 2006 is based on hospital reporting and will be updated in MCHBG FY2008 with vital statistics.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	11	13	12	11.7	13.2
Annual Indicator	12.5	11.8	11.8	13.3	11.8
Numerator	291,742	294,084	294,084	339,526	312,592
Denominator	2,341,025	2,497,888	2,497,888	2,562,366	2,644,818

Data Source

GSU Sources of  
Health Insurance  
Coverage

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	11.7	11.6	11.5	11.4	11.3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is from a report produced by Georgia State University, Sources of Health Insurance Coverage, 2006, that is compiled from data from the Annual Social Economic Supplement, Current Population Survey, U.S. Census Bureau.

2. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

CY 2006 data is not yet available and will be reported in the FY 2009 BG.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			8.3	15	29
Annual Indicator		28.0	28.0	30.9	30.9
Numerator		27,999	27,999	31,225	31,225
Denominator		99,998	99,998	101,052	101,052

Data Source

WIC

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	28	27	26	25	25

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 Data currently unavailable & will be reported for 2011

2. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data is an average of 2005 data available. CY 2006 data is not yet available.

3. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data is for CY 2005. CY 2006 is not yet available and will be provided in the FY 2009 MCHBG.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			8.2	10.2	10.1
Annual Indicator		8.4	8.4	10.3	9.3
Numerator		10,783	10,783	13,818	13,802
Denominator		128,078	128,078	134,114	148,403
Data Source					GA PRAMS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	9.2	9.1	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data is final for CY 2005. CY 2006 data is not yet available.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	7.8	7.7	7.7	4.5	5.4
Annual Indicator	8.0	4.6	4.6	5.5	4.6
Numerator	50	30	30	37	31
Denominator	625,991	646,904	646,904	677,128	679,005

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	4.5	4.4	4.3	4.2	4.1

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

CY 2006 data is not yet available and will be provided in the FY 2009 BG.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	75.5	76	76.5	77	77.5
Annual Indicator	74.2	74.9	74.9	73.3	73.1
Numerator	1,873	1,920	1,920	1,966	1,931
Denominator	2,524	2,563	2,563	2,682	2,641

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	70	70.5	71	71.5	72

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #17

**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a valid percent - while there is data for weight for all deliveries, there is not data for the facility level for all deliveries. Those births where facility level was unknown were excluded.

2. **Section Number:** Form11\_Performance Measure #17

**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

CY 2006 data is not yet available and will be provided with the FY 2009 BG.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	86	86.3	86.5	86.8	87
Annual Indicator	81.9	81.2	81.2	79.2	79.2
Numerator	113,503	114,459	114,459	117,491	117,491
Denominator	138,561	140,903	140,903	148,403	148,403

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	64.5	65	65.5	66	66.2

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

The following measures will not be available for year 2008 due to a very high amount of missing data (>20%) or simply because they are no longer collected on the revised birth certificate:

- \* Late or No Prenatal Care,
- \* Kotelchuck Index,
- \* Tobacco Use,
- \* Alcohol Use.

For this reason, NPM 18 is reported the same as last year.

2. **Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

CY 2006 data is not yet available and will provided in the FY2009 MCHBG.

**STATE PERFORMANCE MEASURE # 1**

Percentage of very low birth weight babies enrolled in High Risk Infant Follow-Up (HRIFU)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective			21	23	25
Annual Indicator		18.5	23.3	16.7	15.6
Numerator		356	448	341	299
Denominator		1,920	1,920	2,042	1,920
Data Source					Vital Records
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	27	29	30	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator is from FY2005 data and the denominator is from 2004 infant birth-death linked data. The denominator is all VLBW births minus VLBW births that died within the first week of life.

- Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator is from FY2005 data and the denominator is from 2003 infant birth-death linked data. The denominator is all VLBW births minus VLBW births that died within the first week of life

**STATE PERFORMANCE MEASURE # 2**

Percentage of high school students who participated in physical activity for at least 20 minutes on 3 or more of the past 7 days

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			65	66	67
Annual Indicator		61	61	61	43.8
Numerator					
Denominator					
Data Source					YBRS
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	68	69	70	71	71
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

A numerator and denominator is not available for this percentages. Source: OASIS

2. **Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is from the GA School Health Survey (YRBS). The survey is conducted every other year and the latest data available is for 2005. The data does not include numerator and denominator.

3. **Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data is from the GA School Health Survey (YRBS). The survey is conducted every other year and the latest data available is for 2005. The data does not include numerator and denominator.

**STATE PERFORMANCE MEASURE # 3**

Rate of hospitalizations due to unintentional injuries among children ages one through age four.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective			174	173	173
Annual Indicator	174.8	191.0	191.0	201.1	140.1
Numerator	942	1,050	1,050	1,119	819
Denominator	539,005	549,882	549,882	556,502	584,503
Data Source					Vital Records
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	172	172	171	171	170
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**1. **Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 Data is not yet available and will be provided in the FY 2009MCHBG.

**STATE PERFORMANCE MEASURE # 4**

Percent of Medicaid and PeachCare (S-CHIP) enrolled children who received preventive oral health services.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			33	34.3	34.4
Annual Indicator	34.3	38.2	38.2	38.2	38.2
Numerator	479,137	538,972	538,972	538,972	538,972
Denominator	1,398,635	1,412,423	1,412,423	1,412,423	1,412,423
Data Source					Unavailable
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	40	40	40	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Per the Georgia Health Policy Institute, Medicaid/SCHIP data has not been received from the CMOs since they started in July 2006. Data reported is FY 2005 data. Data still is not available

- Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Per the Georgia Health Policy Institute, Medicaid/SCHIP data has not been received from the CMOs since they started in July 2006. Data reported is FY 2005 data.

- Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

FY 2006 data is not yet available.

**STATE PERFORMANCE MEASURE # 5**

Percent of women of reproductive age who consume at least 400mcg of folic acid daily

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			45	46	47
Annual Indicator	45.3	45.3	45.3	43.3	43.3
Numerator					
Denominator					
Data Source					BRFSS
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	48	49	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

2006 is the most recent year that Georgia included the folic acid module in BRFSS.

2. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

2006 is the most recent year that Georgia included the folic acid module in BRFSS. A numerator and denominator were not provided.

3. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

BRFSS, Percent of Women Ages 18-44 Who Take a Folic Acid Supplement - Results for 2006 have not been published as of 6/18/07

**STATE PERFORMANCE MEASURE # 6**

Percent of repeat births among adolescents aged 15-17-years-old

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			10.6	10.6	10.5
Annual Indicator	10.7	9.9	9.9	10.0	11.1
Numerator	579	522	522	577	639
Denominator	5,404	5,260	5,260	5,785	5,756
Data Source					Vital Records
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	10.5	10.4	10.4	10.4	10.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data is not yet available and will be provided in the FY 2009MCHGB.

**STATE PERFORMANCE MEASURE # 7**

Rate of SIDS among African American infants.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			1.2	1.2	1.1
Annual Indicator	1.3	1.2	1.2	1.6	1.7
Numerator	59	53	53	77	83
Denominator	43,721	45,457	45,457	49,048	48,401
Data Source					Vital Records
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	1.1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**1. **Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 Data is not yet available and will be provided in the FY 2009 MCHBG.

**STATE PERFORMANCE MEASURE # 8**

Percentage of Medicaid children who have had a developmental screening

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			75	75	76
Annual Indicator					
Numerator					
Denominator					
Data Source					Unavailable
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>76</u>	<u>77</u>	<u>77</u>	<u>77</u>	<u>77</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

It is 19.0%. The data source is the National Survey of Children's Health, 2007. A numerator and denominator are not available.

**2. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is currently being reevaluated &amp; is not available.

**3. Section Number:** Form11\_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data is not collected for this measure.

**STATE PERFORMANCE MEASURE # 9**

The percent of MCH state and local public health staff that have completed the Public Health 101 course.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			8.5	9	9.5
Annual Indicator		8.2	8.2	8.2	8.2
Numerator		95	95	95	95
Denominator		1,158	1,158	1,158	1,158
Data Source					Workforce Development
Is the Data Provisional or Final?				Provisional	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	10	10.5	11	11	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

This course has been internally developed and was initially provided during the past year. We are currently in pilot stage of the rollout which targets local level staff. Additional course offerings will be available for state office staff beginning during the next few months. We anticipate a significant increase in staff participation in the coming months and years.

**2. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

The curriculum is being revised. Other courses were offered in the interim but full implementation of Public Health 101 will occur in the coming months and will be reported in the FY 2010 MCHBG.

**3. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

The curriculum has just been finalized. Other courses were offered in the interim but full implementation of Public Health 101 will occur in the coming months and will be reported in the FY 2009 MCHBG.

**STATE PERFORMANCE MEASURE # 10**

The extent to which partnerships that support Early Childhood Comprehensive Systems (ECCS) are effective.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			60	65	70
Annual Indicator		57.1	68.6	68.6	71.4
Numerator		20	24	24	25
Denominator		35	35	35	35
Data Source					CCH Program
Is the Data Provisional or Final?				Provisional	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	75	80	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: GA**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8.2	8.2	8.1	8.1	8
Annual Indicator	8.5	8.0	8.0	8.1	7.9
Numerator	1,179	1,124	1,124	1,198	1,198
Denominator	138,561	140,903	140,903	148,403	150,804
Data Source					Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	8	8	7.9	7.9	7.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 Data is not yet available and will be provided in the FY 2009 MCHBG.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2	2	1.9	1.9	1.8
Annual Indicator	2.3	2.2	2.2	2.1	2.2
Numerator	13.9	12.4	12.4	12.8	12.8
Denominator	6.1	5.7	5.7	6	5.8

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1.8	1.8	1.7	1.7	1.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

2006 Data is not yet available and will be provided in the FY 2009 MCHBG.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5.7	5.6	5.6	5.6	5.5
Annual Indicator	5.7	5.3	5.3	5.2	5.0
Numerator	793	744	744	771	761
Denominator	138,561	140,903	140,903	148,403	150,804

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	5.5	5.5	5.5	5.5	5.5

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2006

Field Note:

2006 Data is not yet available and will be provided in the FY 2009 MCHBG.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2.5	2.4	2.4	2.3	2.3
Annual Indicator	2.8	2.7	2.7	2.9	2.9
Numerator	386	380	380	427	437
Denominator	138,561	140,903	140,903	148,403	150,804

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	2.3	2.3	2.3	2.3	2.2

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2006

Field Note:

2006 Data is not yet available and will be provided in the FY 2009 MCHBG.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	7.8	7.8	7.7	7.7	7.6
Annual Indicator	8.1	7.6	7.6	6.8	6.8
Numerator	1,125	1,074	1,074	1,012	1,026
Denominator	139,050	141,382	141,382	148,833	151,260

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	7.5	7.4	7.3	7.2	7.1

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

2006 Data is not yet available and will be provided in the FY 2009 MCHBG.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	23	22	22	19.4	19.4
Annual Indicator	22.7	19.4	19.4	19.6	19.7
Numerator	412	383	383	399	415
Denominator	1,814,195	1,969,278	1,969,278	2,035,969	2,109,362

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	19	19	19	19	19

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Form12\_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

2006 Data is not yet available and will be provided in the FY 2009 MCHBG.

**STATE OUTCOME MEASURE # 1**

Rate of Type 2 diabetes hospitalizations among children ages one through 19.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					10.6
Annual Indicator	5.7	8.9	8.9	10.7	8.9
Numerator	138	221	221	291	248
Denominator	2,440,186	2,473,338	2,473,338	2,713,097	2,788,367
Data Source					Vital Records
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	10	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**1. **Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 is not yet available and will be provided in the FY 2009 MCHBG.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: GA**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

**Total Score:** 18

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: GA FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Assure early access to prenatal and postpartum care for pregnant women.
2. Promote healthy nutritional behaviors and physical activity among the MCH population.
3. Reduce unintentional and intentional injury.
4. Improve oral health.
5. Promote preconceptional health.
6. Promote healthy behaviorsand reduce risk-taking behaviors among adolescents.
7. Reduce health disparities among the MCH populations.
8. Assure a comprehensive system of age appropriate screening, referral, and follow-up for children from birth through age 21.
9. Assure an adequate MCH workforce.
10. Develop partnerships to support the overall health and well-being of the MCH population.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: GA

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Georgia continues to work on a web-based, statewide data system.	Due to the changing nature of the data & departmental restructuring continuous planning is needed.	Unknown
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: GA**

SP # 1

**PERFORMANCE MEASURE:**

Percentage of very low birth weight babies enrolled in High Risk Infant Follow-Up (HRIFU)

**STATUS:**

Active

**GOAL**

To assure improved outcomes for very low birth weight babies through increased enrollment in HRIFU.

**DEFINITION**

Percent of infants born weighing less than 1,500 grams.

**Numerator:**

Number of infants born weighing less than 1,500 grams in a given year.

**Denominator:**

Number of births in a given year.

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

OASIS Data on births. HRIFU Program Data for enrollees.

**SIGNIFICANCE**

Preventive care for very low birth weight newborns for the first year to assure better health outcomes and lessen the incidence of emergency room visits.

SP # 2

**PERFORMANCE MEASURE:**

Percentage of high school students who participated in physical activity for at least 20 minutes on 3 or more of the past 7 days

**STATUS:**

Active

**GOAL**

To reduce obesity in the Georgia population by increasing physical activity in youth.

**DEFINITION**

**Numerator:**

High school students surveyed who report participating in physical activity for at least 20 minutes on 3 or more of the past 7 days.

**Denominator:**

Total number of high school students surveyed.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 22-7

Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

**DATA SOURCES AND DATA ISSUES**

The Georgia School Health Survey (YRBS).

**SIGNIFICANCE**

Obesity is an increasing problem in Georgia and a major cause for morbidity and mortality. Increasing physical activity is one of Georgia's four key strategies for reducing obesity.

SP # 3

**PERFORMANCE MEASURE:**

Rate of hospitalizations due to unintentional injuries among children ages one through age four.

**STATUS:**

Active

**GOAL**

To reduce morbidity due to injuries among young children.

**DEFINITION**

Rate of hospitalizations due to unintentional injuries among children ages from one year through four years of age per 100,000 population.

**Numerator:**

Number of unintentional injury related hospitalizations among children ages one year through four years of age.

**Denominator:**

Total number of children ages one year through four years of age.

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 15-14 (Developmental)  
Reduce nonfatal unintentional injuries.

**DATA SOURCES AND DATA ISSUES**

Georgia Hospital Discharge Data Set and Census Population Estimates

**SIGNIFICANCE**

Unintentional injuries are the leading cause of death and a major cause of morbidity among young children and all MCH populations.

SP # 4

**PERFORMANCE MEASURE:**

Percent of Medicaid and PeachCare (S-CHIP) enrolled children who received preventive oral health services.

**STATUS:**

Active

**GOAL**

To improve oral health among children in Georgia.

**DEFINITION**

**Numerator:**

The number of children enrolled in Medicaid (less than 21 years of age) or Peachcare (less than 19 years of age) who receive a preventive dental service.

**Denominator:**

The total number of children enrolled in Medicaid (less than 21 years of age) or Peachcare (less than 19 years of age).

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 21-12

Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

**DATA SOURCES AND DATA ISSUES**

Medicaid and Peachcare (S-CHIP) billing data.

**SIGNIFICANCE**

Access to preventive dental health services is a significant factor in overall oral health. Even with dental coverage through Medicaid and Peachcare, low-income children are less likely than their higher income counterparts to receive preventive dental health services.

SP # 5

**PERFORMANCE MEASURE:**

Percent of women of reproductive age who consume at least 400mcg of folic acid daily

**STATUS:**

Active

**GOAL**

Reduce the occurrence of spina bifida and other neural tube defects in Georgia.

**DEFINITION**

Percent of women of reproductive age (18-44) who report that they take a supplement containing at least 400mcg of folic acid daily.

**Numerator:**

Number of women ages 18-44 surveyed who report taking a multivitamin or other supplement with 400mcg of folic acid daily.

**Denominator:**

Total number of women ages 18-44 surveyed.

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 16-16

Increase the proportion of pregnancies begun with an optimum folic acid level

Objective 16-15

Reduce the occurrence of spina bifida and other neural tube defects.

**DATA SOURCES AND DATA ISSUES**

Behavioral Risk Factor Surveillance System (BRFSS). The folic acid optional module will only be included in the GA BRFSS every other year or every third year.

**SIGNIFICANCE**

Approximately 50% of pregnancies affected with NTDs may be prevented with adequate consumption of folic acid from 1 month before conception through the first 3 months of pregnancy.

SP # 6

**PERFORMANCE MEASURE:**

Percent of repeat births among adolescents aged 15-17-years-old

**STATUS:**

Active

**GOAL**

To reduce repeat births among Georgia's adolescents aged 15-17-years-old.

**DEFINITION**

Percent of repeat births to adolescents aged 15 to 17 years old out of total births to 15-17 year olds.

**Numerator:**

Number of repeat births to females ages 15 to 17.

**Denominator:**

Total number of births to females ages 15 to 17.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 9-7

Reduce pregnancies among adolescent females.

**DATA SOURCES AND DATA ISSUES**

Georgia Vital Statistics.

**SIGNIFICANCE**

The teenage pregnancy rate in Georgia is among the highest in the country. Most teen pregnancies are not planned and occur outside marriage. Especially among younger teens, teen pregnancy is considered a public health and societal problem. One of the focus areas for Georgia pregnancy prevention programs is to reduce the rate of repeat births among adolescents.

SP # 7

**PERFORMANCE MEASURE:**

Rate of SIDS among African American infants.

**STATUS:**

Active

**GOAL**

To reduce the racial disparity in Georgia due to infant mortality and SIDS.

**DEFINITION**

SIDS refers to the sudden death of a child under 1 year of age that remains unexplained even after a thorough case investigation.

**Numerator:**

The number of infant deaths among African Americans due to SIDS.

**Denominator:**

The total number of live births among African Americans.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 16-1h

Reduce deaths from sudden infant death syndrome (SIDS).

**DATA SOURCES AND DATA ISSUES**

Georgia vital statistics.

**SIGNIFICANCE**

SIDS is the leading cause of death during the postneonatal period (29 to 365 days). African American infants are twice as likely to die of SIDS in Georgia as white infants.

SP # <u>8</u>	
PERFORMANCE MEASURE:	Percentage of Medicaid children who have had a developmental screening
STATUS:	Active
GOAL	To improve early detection of delays in children and improve child health and well-being for identified children.
DEFINITION	Measure under development. <b>Numerator:</b> <b>Denominator:</b> <b>Units:</b> 100 <b>Text:</b> Percent
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	To be determined
SIGNIFICANCE	Many children with behavioral or developmental disabilities are missing vital opportunities for early detection and intervention. The American Academy of Pediatrics (AAP) and the American Academy of Neurology recommend that all infants and young children be screened for developmental delays periodically in the context of office-based primary care.

SP # 9

**PERFORMANCE MEASURE:**

The percent of MCH state and local public health staff that have completed the Public Health 101 course.

**STATUS:**

Active

**GOAL**

To ensure that MCH County and District staff understand the core functions of Public Health.

**DEFINITION**

The number of Division of Public Health staff that have completed the Public Health 101 course out of the total number of Public Health staff.

**Numerator:**

Number of Public Health staff that have completed the Public Health 101 course.

**Denominator:**

Total number of Public Health staff.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 23-11

Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.

Objective 23-8

Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems.

**DATA SOURCES AND DATA ISSUES**

Data from the Office of Training and Workforce Development.

**SIGNIFICANCE**

As public health professionals face new challenges in the 21st century, it is imperative to ensure a prepared public health workforce that functions at an advanced level of competence. By taking action to train the workforce in the critical skills of public health and pursuing our goals, we can enhance Georgia's public health infrastructure and ability to respond to new challenges

SP # 10

**PERFORMANCE MEASURE:**

The extent to which partnerships that support Early Childhood Comprehensive Systems (ECCS) are effective.

**STATUS:**

Active

**GOAL**

To ensure effective collaborations and partnerships that support families and communities to assure that their children are healthy and ready to learn when they start school.

**DEFINITION**

The extent to which the partnerships that support the ECCS initiative based on seven key areas of evaluation of partnerships. (Rating Sheet Attached).

**Numerator:**

The total combined score of the seven five-point Likert scale questions.

**Denominator:**

The total combined points possible of the seven five-point Likert scale questions.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-23

Increase the proportion of Territories and States that have service systems for children with special health care needs.

**DATA SOURCES AND DATA ISSUES**

A scoring sheet based on a qualitative assessment by key stakeholders of the ECCS initiative using seven five-point Likert scale questions.

**SIGNIFICANCE**

The improvement of MCH outcomes requires a system-oriented partnership-based approach that incorporates infrastructure, population-based services, enabling services, and direct services. Traditionally, local health departments provided clinical services dependent on categorical funding. As a broader responsibility for casting public health around the three core functions (policy development, assessment, and assurance) has emerged, the role partnerships and collaboration in the design and implementation of a total cohort service delivery system has become critical. An effective collaborative plan needs to engage a broad array of stakeholders, community partners, and consumers.

SO # 1

**OUTCOME MEASURE:**

Rate of Type 2 diabetes hospitalizations among children ages one through 19.

**STATUS:**

Active

**GOAL**

To reduce Type 2 diabetes related morbidity among children in Georgia.

**DEFINITION**

To address primary prevention of type 2 diabetes in youth and secondary prevention that leads to the need for hospitalization.

**Numerator:**

# of hospitalizations for type 2 diabetes among children ages one to 19.

**Denominator:**

# of children ages 1-19

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 5-2

Prevent diabetes.

Objective 19-3

Reduce the proportion of children and adolescents who are overweight or obese.

**DATA SOURCES AND DATA ISSUES**

Medicaid data.

**SIGNIFICANCE**

Type 2 Diabetes is an increasing problem among youth in Georgia. Monitoring of hospitalizations is important to monitor this trend and to address primary prevention of type 2 diabetes in youth and secondary prevention that leads to the need for hospitalization.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: GA**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	36.4	32.3	32.3	25.8	22.0
Numerator	2,473	2,236	2,236	1,810	1,625
Denominator	679,064	692,726	692,726	702,134	737,422

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 2006 Data is not yet available. Will be added to the FY 2009 MCHBG

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>70.9</u>	<u>71.7</u>	<u>77.2</u>	<u>67.7</u>	<u>58.5</u>
<b>Numerator</b>	<u>143,120</u>	<u>154,202</u>	<u>150,013</u>	<u>41,927</u>	<u>34,339</u>
<b>Denominator</b>	<u>201,869</u>	<u>214,929</u>	<u>194,261</u>	<u>61,933</u>	<u>58,736</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

This data excludes all CMO data. CMO plans were implemented in June 2006 and therefore, counts maybe be lower than expected from this period forward.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This data excludes all CMO data. CMO plans were implemented in June 2006 and therefore, counts maybe be lower than expected from this period forward.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>59.6</u>	<u>63.2</u>	<u>60.5</u>	<u>57.5</u>	<u>50.6</u>
<b>Numerator</b>	<u>1,618</u>	<u>1,707</u>	<u>1,711</u>	<u>1,069</u>	<u>533</u>
<b>Denominator</b>	<u>2,713</u>	<u>2,702</u>	<u>2,828</u>	<u>1,859</u>	<u>1,054</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

This data excludes all CMO data. CMO plans were implemented in June 2006 and therefore, counts maybe be lower than expected from this period forward.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This data excludes all CMO data. CMO plans were implemented in June 2006 and therefore, counts maybe be lower than expected from this period forward.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
<b>Annual Indicator</b>	<u>73.4</u>	<u>68.9</u>	<u>68.9</u>	<u>66.0</u>	<u>66.0</u>
<b>Numerator</b>	<u>96,928</u>	<u>97,082</u>	<u>97,082</u>	<u>97,943</u>	<u>97,943</u>
<b>Denominator</b>	<u>132,107</u>	<u>140,903</u>	<u>140,903</u>	<u>148,403</u>	<u>148,403</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to a change in data collection the data for this year has been determined unreliable. Steps are being taken to resolve this issue and the data will be updated in the 2011 Block Grant.

- Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data is not yet available and will be provided in the FY 2009 MCHBG.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
<b>Annual Indicator</b>	<u>81.8</u>	<u>81.1</u>	<u>80.8</u>	<u>62.4</u>	<u>56.4</u>
<b>Numerator</b>	<u>836,413</u>	<u>875,228</u>	<u>846,040</u>	<u>342,870</u>	<u>321,935</u>
<b>Denominator</b>	<u>1,022,414</u>	<u>1,078,849</u>	<u>1,046,926</u>	<u>549,714</u>	<u>570,877</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

This data excludes all CMO data. CMO plans were implemented in June 2006 and therefore, counts maybe be lower than expected from this period forward.

- Section Number:** Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

This data excludes all CMO data. CMO plans were implemented in June 2006 and therefore, counts maybe be lower than expected from this period forward.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
<b>Annual Indicator</b>	<u>48.3</u>	<u>51.4</u>	<u>47.3</u>	<u>23.4</u>	<u>20.9</u>
<b>Numerator</b>	<u>152,693</u>	<u>173,685</u>	<u>112,068</u>	<u>27,076</u>	<u>25,196</u>
<b>Denominator</b>	<u>316,303</u>	<u>337,979</u>	<u>236,724</u>	<u>115,852</u>	<u>120,726</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

This data excludes all CMO data. CMO plans were implemented in June 2006 and therefore, counts maybe be lower than expected from this period forward.

- Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This data excludes all CMO data. CMO plans were implemented in June 2006 and therefore, counts maybe be lower than expected from this period forward.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>7.6</u>	<u>7.1</u>	<u>6.9</u>	<u>6.5</u>	<u>6.1</u>
<b>Numerator</b>	<u>2,054</u>	<u>2,019</u>	<u>2,056</u>	<u>1,987</u>	<u>1,942</u>
<b>Denominator</b>	<u>27,170</u>	<u>28,487</u>	<u>29,741</u>	<u>30,796</u>	<u>31,950</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The numerator is from the CMS program (Title V CSHCN) Jan-March 2006.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: GA**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2007	Other	<u>9.8</u>	<u>8.2</u>	<u>9.1</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Other	<u>9.6</u>	<u>7.4</u>	<u>7.9</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Other	<u>76.7</u>	<u>91.8</u>	<u>83.3</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Other	<u>67</u>	<u>80.3</u>	<u>68.4</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: GA**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)</b>
a) <i>Infants (0 to 1)</i>	2007	200
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 19 ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2007	133
c) <i>Pregnant Women</i>	2007	200

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: GA**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2007	235
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 19 ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2007	235
c) <i>Pregnant Women</i>		

## FORM NOTES FOR FORM 18

Due to the loss of a Medicaid contract, we no longer receive Medicaid delivery claims files and therefore cannot link Medicaid delivery claims with Birth certificates. 2004 is the most current linkage available.

The percentages listed under Medicaid/Non-Medicaid are from 2004, the most current data available. The percentages listed under "All" are current for 2007 via Vital Records.

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data is unavailable
2. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data is unavailable
3. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Due to the loss of a Medicaid contract, we no longer receive Medicaid delivery claims files and therefore cannot link Medicaid delivery claims with Birth certificates. 2004 is the most current linkage available.
4. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Due to the loss of a Medicaid contract, we no longer receive Medicaid delivery claims files and therefore cannot link Medicaid delivery claims with Birth certificates. 2004 is the most current linkage available.
5. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Due to the loss of a Medicaid contract, we no longer receive Medicaid delivery claims files and therefore cannot link Medicaid delivery claims with Birth certificates. 2004 is the most current linkage available.
6. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Due to the loss of a Medicaid contract, we no longer receive Medicaid delivery claims files and therefore cannot link Medicaid delivery claims with Birth certificates. 2004 is the most current linkage available.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: GA**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

<b>DATABASES OR SURVEYS</b>	<b>Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *</b>	<b>Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)</b>
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: GA**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: GA**

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	9.3	9.4	9.4	9.6	9.1
Numerator	12,886	13,301	13,301	14,209	13,711
Denominator	138,561	140,903	140,903	148,403	150,804

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data not yet available

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	7.6	7.7	7.7	7.8	7.4	
Numerator	10,138	10,444	10,444	11,155	10,779	
Denominator	134,061	136,440	136,440	143,425	145,900	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Final	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data is not yet available

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	1.8	1.8	1.8	1.8	1.8	
Numerator	2,524	2,563	2,563	2,682	2,647	
Denominator	138,561	140,903	140,903	148,403	150,804	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Final	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data not yet available

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	<u>1.5</u>	<u>1.4</u>	<u>1.4</u>	<u>1.4</u>	<u>1.4</u>	
Numerator	<u>1,973</u>	<u>1,973</u>	<u>1,973</u>	<u>2,064</u>	<u>2,018</u>	
Denominator	<u>134,061</u>	<u>136,440</u>	<u>136,440</u>	<u>143,425</u>	<u>145,900</u>	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Final	

**Field Level Notes**1. **Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data is not yet available

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>11.2</u>	<u>9.0</u>	<u>9.0</u>	<u>9.1</u>	<u>8.7</u>
<b>Numerator</b>	<u>219</u>	<u>177</u>	<u>177</u>	<u>185</u>	<u>184</u>
<b>Denominator</b>	<u>1,954,254</u>	<u>1,969,278</u>	<u>1,969,278</u>	<u>2,035,969</u>	<u>2,109,362</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for 2006 is not yet available

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>4.6</u>	<u>3.5</u>	<u>3.5</u>	<u>4.2</u>	<u>3.6</u>
<b>Numerator</b>	<u>89</u>	<u>69</u>	<u>69</u>	<u>85</u>	<u>75</u>
<b>Denominator</b>	<u>1,954,254</u>	<u>1,969,278</u>	<u>1,969,278</u>	<u>2,035,969</u>	<u>2,109,362</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data is not yet available

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>25.4</u>	<u>27.0</u>	<u>27.0</u>	<u>30.7</u>	<u>31.7</u>
<b>Numerator</b>	<u>325</u>	<u>355</u>	<u>355</u>	<u>409</u>	<u>421</u>
<b>Denominator</b>	<u>1,279,920</u>	<u>1,313,523</u>	<u>1,313,523</u>	<u>1,333,619</u>	<u>1,326,310</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data is not yet available

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>154.9</u>	<u>149.1</u>	<u>149.1</u>	<u>141.9</u>	<u>119.7</u>
<b>Numerator</b>	<u>3,028</u>	<u>2,937</u>	<u>2,937</u>	<u>2,890</u>	<u>2,524</u>
<b>Denominator</b>	<u>1,954,254</u>	<u>1,969,278</u>	<u>1,969,278</u>	<u>2,035,969</u>	<u>2,109,362</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data is not yet available

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>39.4</u>	<u>33.3</u>	<u>33.3</u>	<u>36.4</u>	<u>28.7</u>
<b>Numerator</b>	<u>770</u>	<u>655</u>	<u>655</u>	<u>741</u>	<u>605</u>
<b>Denominator</b>	<u>1,954,254</u>	<u>1,969,278</u>	<u>1,969,278</u>	<u>2,035,969</u>	<u>2,109,362</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data is not yet available

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
Annual Indicator	153.4	151.3	151.3	153.2	152.5
Numerator	1,964	1,987	1,987	2,043	2,022
Denominator	1,279,920	1,313,523	1,313,523	1,333,619	1,326,310

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data is not yet available

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>34.9</u>	<u>32.6</u>	<u>39.6</u>	<u>36.5</u>	<u>27.5</u>
<b>Numerator</b>	<u>10,599</u>	<u>10,258</u>	<u>12,438</u>	<u>11,918</u>	<u>9,057</u>
<b>Denominator</b>	<u>303,451</u>	<u>314,220</u>	<u>314,220</u>	<u>326,722</u>	<u>329,199</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Note: 2007 data was revised as reported by Notifiable Disease.

2. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The reported cases of Chlamydia is based on CY06 reports, while the denominator is based on 2006 population due to the lag in U.S. Bureau of Census Population estimates

3. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The reported cases of Chlamydia is based on CY06 reports, while the denominator is based on 2005 population due to the lag in U.S. Bureau of Census Population estimates

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
<b>Annual Indicator</b>	8.2	9.4	8.6	8.2	7.3
<b>Numerator</b>	16,237	18,842	17,657	17,113	15,282
<b>Denominator</b>	1,987,175	2,003,939	2,056,786	2,083,969	2,096,371

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The reported cases of Chlamydia is based on CY06 reports, while the denominator is based on 2006 population due to the lag in U.S. Bureau of Census Population estimates

- Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The reported cases of Chlamydia is based on CY06 reports, while the denominator is based on 2005 population due to the lag in U.S. Bureau of Census Population estimates

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: GA**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	152,919	95,057	48,401	585	4,279	227	4,370	0
Children 1 through 4	584,503	359,672	192,385	1,620	17,006	487	13,333	0
Children 5 through 9	695,502	430,528	226,397	2,367	19,026	708	16,476	0
Children 10 through 14	676,438	407,181	235,274	2,369	17,788	637	13,189	0
Children 15 through 19	679,005	402,778	247,336	2,410	15,884	554	10,043	0
Children 20 through 24	647,305	395,670	224,805	15,328	2,680	615	8,207	0
Children 0 through 24	3,435,672	2,090,886	1,174,598	24,679	76,663	3,228	65,618	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	127,052	25,867	0
Children 1 through 4	501,614	82,889	0
Children 5 through 9	618,158	77,344	0
Children 10 through 14	618,622	57,816	0
Children 15 through 19	632,162	46,843	0
Children 20 through 24	591,363	55,942	0
Children 0 through 24	3,088,971	346,701	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: GA**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	293	96	189	2	1	0	5	0
Women 15 through 17	5,756	2,801	2,782	15	32	6	120	0
Women 18 through 19	12,287	6,377	5,490	24	104	12	280	0
Women 20 through 34	113,365	68,296	37,468	297	4,236	137	2,931	0
Women 35 or older	19,103	12,152	5,219	40	1,131	17	544	0
Women of all ages	150,804	89,722	51,148	378	5,504	172	3,880	0

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	234	50	9
Women 15 through 17	4,599	1,065	92
Women 18 through 19	10,179	1,860	248
Women 20 through 34	92,406	19,168	1,791
Women 35 or older	16,477	2,332	294
Women of all ages	123,895	24,475	2,434

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: GA**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	1,198	524	654	3	15	2	0	0
Children 1 through 4	196	101	87	1	4	0	3	0
Children 5 through 9	103	60	42	0	1	0	0	0
Children 10 through 14	116	59	51	0	5	0	1	0
Children 15 through 19	516	300	207	2	6	0	1	0
Children 20 through 24	757	467	281	0	8	1	0	0
Children 0 through 24	2,886	1,511	1,322	6	39	3	5	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	1,119	75	4
Children 1 through 4	14	182	0
Children 5 through 9	95	7	1
Children 10 through 14	110	6	0
Children 15 through 19	482	30	4
Children 20 through 24	698	56	3
Children 0 through 24	2,518	356	12

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: GA**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Final

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	2,788,367	1,695,216	949,793	9,351	73,983	2,613	57,411	0	2007
Percent in household headed by single parent	36.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	1.0	22.0	73.4	0.1	0.2	3.9	0.4	0.0	2007
Number enrolled in Medicaid	942,817	0	0	0	0	0	0	942,817	2007
Number enrolled in SCHIP	328,729	0	0	0	0	0	0	328,729	2007
Number living in foster home care	3,469	0	0	0	0	0	0	3,469	2007
Number enrolled in food stamp program	418,979	0	0	0	0	0	0	418,979	2007
Number enrolled in WIC	350,319	107,171	148,201	1,635	7,008	0	7,947	78,357	2007
Rate (per 100,000) of juvenile crime arrests	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	4.1	4.0	4.3	4.5	1.5	0.0	3.6	0.0	2007

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	2,497,608	290,759	0	2007
Percent in household headed by single parent	0.0	0.0	36.0	2007
Percent in TANF (Grant) families	0.0	0.0	1.0	2007
Number enrolled in Medicaid	0	0	942,817	2007
Number enrolled in SCHIP	0	0	328,729	2007
Number living in foster home care	0	0	3,469	2007
Number enrolled in food stamp program	0	0	418,979	2007
Number enrolled in WIC	271,962	78,357	0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	5.1	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	5.0	2007

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: GA**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	2,788,367
Living in urban areas	2,316,856
Living in rural areas	471,511
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>2,788,367</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: GA**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	9,544,750.0
Percent Below: 50% of poverty	0.0
100% of poverty	13.6
200% of poverty	32.6

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: GA**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	2,788,367.0
Percent Below: 50% of poverty	0.0
100% of poverty	20.6
200% of poverty	41.6

## FORM NOTES FOR FORM 21

In some cases, racial and ethnic breakdowns are unavailable.

### FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Racial Breakdown unavailable
2. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Racial breakdown unavailable
3. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Racial breakdown unavailable
4. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Racial breakdown unavailable
5. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Racial breakdown unavailable
6. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Racial breakdown unavailable
7. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Ethnicity breakdown unavailable.
8. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Ethnicity breakdown unavailable.
9. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Ethnicity breakdown unavailable.
10. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Ethnicity breakdown unavailable.
11. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Ethnicity breakdown unavailable.
12. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)

**Column Name:**

**Year:** 2010

**Field Note:**

Ethnicity breakdown unavailable.

13. **Section Number:** Form21\_Indicator 11

**Field Name:** S11\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

This data is unavailable.

14. **Section Number:** Form21\_Indicator 12

**Field Name:** S12\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

This data is unavailable.

15. **Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2010

**Field Note:**

Racial breakdown unavailable

16. **Section Number:** Form21\_Indicator 09B

**Field Name:** HSIEthnicity\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2010

**Field Note:**

Ethnicity breakdown unavailable.